



## Application for Membership

### Account Information

Young Initiative on Foreign Affairs  
and International Relations e.V.  
IBAN: DE33 8306 5408 0004 7558 47  
BIC (SWIFT Code): GENODEF1SLR

Email: [mitglieder@ifair.eu](mailto:mitglieder@ifair.eu)  
[www.IFAIR.eu](http://www.IFAIR.eu)

<b>Surname, name*</b>	
<b>Date of birth*</b>	
<b>Citizenship*</b>	
<b>Street, house number*</b>	
<b>Zip code, city, country*</b>	
<b>E-mail*</b>	
<b>Telephone Number</b>	

\*Pflichtfelder

<b>Occupation/School/University</b> (Discipline, Semester)	
<b>Scholarship (if applicable)</b>	
<b>How do I want to participate?</b> (i.e. publications, participation in an impact group, attending conferences)	
<b>Additional remarks</b>	

## Membership Type

- I apply for **regular membership** and agree to pay 24 € per year.
- I want to support IFAIR as a **Junior Sponsor** by paying 60 € per year.
- I want to support IFAIR as a **Senior Sponsor** by paying 120 € per year.
- I want to be **exempt from membership fees**. Reason (e.g. depending on social assistance, living in a developing country):

## Membership Agreement

I hereby confirm my accession to the Young Initiative on Foreign Affairs and International Relations e.V. as an operative member and thus accept its statutes and fee regulations. With my application, I agree to the storage of my personal data for association purposes. My data is stored and processed solely for internal purposes. IFAIR will never disclose my data to others without first receiving my consent. The application is decided upon by the executive board according to § 5 (2) of the articles of association.

Place, Date	Signature

## SEPA Direct Debit Mandate

I hereby authorize the Young Initiative on Foreign Affairs and International Relations e.V. to debit the yearly membership fee by direct debit from the following account (must be a bank account part of the Single Euro Payments Area) and I authorize my bank to debit my account in accordance with the instructions from IFAIR e.V. IFAIR will debit your yearly membership fee with the month following your application and from February 01 of the following calendar year. Note: As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited.

IFAIR creditor identifier: DE11ZZZ00000709326

Mandate reference: Day of application (format DDMMYY) followed by the initials of your first and last name.

<b>Account holder</b>	
<b>Street, House Number</b>	
<b>Zip Code, Place</b>	
<b>IBAN</b>	
<b>BIC (SWIFT Code)</b>	
<b>Name of the Bank</b>	

Place, Date	Signature of account holder

If your credit institute is not part of the SEPA system, please indicate this in your e-mail.

Please send your complete application as a PDF to [mitglieder@ifair.eu](mailto:mitglieder@ifair.eu).